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Original Department.

Communications.

ELECTRO THERAPEUTICS.

By H. Lassing, M. D.

Of New York.

Galvanism and its modifications seems to be one of those large unexplored fields requiring much examination, and the more explored the more we find to explore.

A new phenomenon which I have lately found may become of great value therapeutically. I refer to the effect produced by a union of the currents of electricity evolved by separate helices, which may be beautifully modified and seem to be entirely under the control of the operator. In a helix composed of three distinct and separate helices or coils of insulated copper wire of different degrees of thickness, each helix being insulated from and free from metallic contact with any other three, different sensations or intensities of electro-magnetic currents are evolved, namely, an induced direct or primary current from the inner helix of coarse wire, a secondary to and fro current from the middle helix, and a tertiary to and fro or alternating current from the outer helix. The inner helix renders, of course, the weakest current sensationally, which increases in intensity till the outer coil is reached, which in an ordinary sized electro-magnetic machine, constructed upon this principle, is so intense that with the galvanic current of one pair of small plates it is stronger than any ordinary person can endure. Now, wherever two of these currents are united, another and different sensation is produced. I will briefly describe this arrangement and state the facts which experiments have established. To do so more intelligibly, I will employ a small diagram of the posts of a machine thus constructed, not including, of course the posts by which the battery is connected.

+B

+D

C+ +A

The current evolved from "A" to "B" is the primary induced or direct galvanic current from the inner coil.

The currents "C" to "B" and "C" to "D" are the secondary to an fro and tertiary, alternating from the middle and outer helices.

The theory heretofore held by electricians—and until now, I also believed in it—was that none but a direct electro-magnetic current would electro-plate and decompose iodide of potassium. A machine arranged, according to the description here given, seems to refute this theory. A reference to the foregoing diagram will make the following statement much clearer than I could otherwise explain it.

Careful experiments show that the currents from "A" to "C" and from "A" to "D," although not direct currents, will electro-plate as well as that from "A" to "B" which is a direct current.

From a solution of iodide of potassium in water, the currents from "A" to "C" and from "A" to "D" will evolve iodine at one pole with but a very slight trace at the other.

I have not yet succeeded in ascertaining positively any cause for these phenomena, and am still experimenting with them. In the application of these facts, so ascertained in practice on several patients, I find as many different, and in some instances unexpected, effects produced, which have led me to consider this a valuable improvement in electro-magnetic apparatus.

I would call the attention of those employing this therapeutic agent to these facts. I shall investigate them further, and what I ascertain I shall beg the privilege of communicating through your columns.

The Electro Magnetic Machines so arranged, are patented by Jerome Kidder of New York.

DIPHTHERIA.

By P. J. Roebuck, M. D.,

Of Derry Church, Pa.

Dr. Wagenseller, of Selin's Grove, Pa., expresses my views upon this disease much more distinctly than I am able to do, consequently I will only say that my experience fully corroborates his. I will confine myself to the chief features, course and treatment of eight typical cases, which

occurred in the same family, and were treated by my preceptor and myself.

The disease made its appearance in the form of an ordinary pyrexia, with a peculiar disposition to affect the fauces and neighboring parts. In the majority of cases the fever was of a sthenic nature from its outset, but soon assumed an adynamic form. The pulse was voluminous, numbering from one hundred to one hundred and twenty; but became quick, feeble, and more frequent as the disease advanced. Tongue was slightly coated, with the peculiar red and glossy appearance of typhoid fever toward the decline, yet no other symptoms of entric fever could be detected. The fauces, etc., in most cases, presented a bright red appearance, the more asthenic cases being of a faint purplish hue, with one or several small patches of exudative matter. These patches increased in number and extent until the parts were completely lined by them, requiring from several days to as many weeks. In most cases this pseudo-membrane extended into the larynx, and in a few into the bronchia. Symptoms of croup resulted; nevertheless, not one case died of asphyxia or its consequences. This membrane was very tenacious and could only be removed with much difficulty, an oozing hæmorrhage always following, showing that the membrane had in part organized. It would also reform in the course of a few hours.

I attribute the cause of death to a general depravation of the vital fluid, as in the above cases there was no evidence of any other disease, nor did the local affection seem to be sufficient to destroy life. A fact more conclusive still is, that the local affection had disappeared in several cases before death.

The disease certainly seems to be peculiar in its nature (*sui generis*) and leaves a wide field for investigation.

Treatment.—This consisted in keeping the bowels open, mild diaphoretics, and the following mixture, both locally and internally:

℞. Tinct. ferri chlor.	ʒij	
Potass. chloras,	3ij	
Aquæ destillat.,	fʒiv.	M.

S. One tablespoonful every one, two or four hours. Use as a gargle also, at same intervals.

When more stimulation seemed required, two drachms of diluted muriatic acid were added to the above mixture. Nitrate of silver was also used in solution, varying from five to sixty grs. to the ounce of water.

In two cases sulphate of zinc was employed in emetic doses, repeated once or twice a day.

Stimulants were freely employed during the decline of the disease, such as quiniæ sulph., beef tea, chicken broth, brandy, etc., etc.

When the peculiar red tongue presented, (spoken of above,) oil of turpentine was given in doses of from fifteen to twenty drops, in emulsion.

Nor was the mercurial course omitted. In one case calomel was administered until its constitutional effects were perceptible upon the gums, with no other effect than perhaps converting the disease into an ulcerative condition, as the parts assumed a putrid aspect, with great increase of the fetid breath. Yet, this case was but slightly impressed with the mercurial, and its effects carefully watched.

Several hundred cases were treated by me upon the above plan, but one case having died, until the family mentioned below became the sufferers by the disease, when out of eight but one (a bright lady of seventeen years) was left to mourn her loss.

The following table will show the age, time of attack, and termination of the disease in that family:

Feb'y	14,	first visit	Feb.	16,	died	Feb.	16,	age 5.
"	18,	"	"	19,	recovered			" 17.
"	19,	"	"	19,	died	Feb.	25,	age 10.
"	20,	"	"	20,	"	"	26,	" 3.
"	21,	"	"	21,	"	"	26,	" 19.
"	26,	"	"	26,	"	March	14,	" 16.
March	23,	"	March	23,	"	April	12,	" 8.
"	25,	"	"	25,	"	"	6,	" 14.

The Value of Practical Knowledge.

Of the uses of practical knowledge we yesterday saw an illustration. A mammoth sexagonal crystal was shown to us by its owner, Mr. Mitchell. It is nearly a foot in diameter, and about eighteen inches long. Next to a specimen in Barnum's Museum, it is the largest we have ever seen. The base of the specimen is opaque quartz rock; the other portion is as clear as crystal. It was found by the Rev. Edmund Craig Mitchell, on the farm of Dr. Johnson, near Ellicott's Mills, Md. The yound divine was on a visit to Dr. Johnson. From the house a path leads to a spring that supplies the family with water. Mr. Mitchell, walking with Dr. Johnson in the path, observed "a stone" about an inch above the ground. "There's a splendid specimen," said he. "Of what?" asked the Doctor. "Why, of crystal quartz," was the reply. The Doctor said he had passed that stone every day for thirty years, and knew it to be nothing more than a common paving stone. Mr. Mitchell asked leave to wrench it up. A pick was procured, and, to the surprise of Dr. Johnson, the "stone" was buried about eighteen inches deep, and beneath the ground was a perfect six-sided prism of crystal, almost as pellucid as French cut glass. The young man knew enough of geology to recognize it by the butt end, above the ground, though none but an expert would have seen in it anything but an ordinary boulder, on a small scale. A little learning may be a dangerous thing; but somehow or other knowledge is quite as productive as ignorance.—*Scientific American.*

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

VERHANDLUNGEN DER GESELLSCHAFT FÜR GEBURTSHÜLFE IN BERLIN.

SESSION OF 17TH MARCH, 1862.

Translated for the Medical and Surgical Reporter,

BY A. METZ, M. D.,

Of Masillon, O.

Hydromettrorrhœa.

Dr. LANGERHAUS detailed the history of a case of pregnancy, in which the woman suffered from repeated attacks of uterine hæmorrhage for the first few months; the hæmorrhages then ceased, and nothing unusual occurred until nine weeks before delivery, when a considerable discharge of water would escape from her vagina, whenever she lay down. This continued to her full time, when she was delivered of a living child.

Two years afterward, during her next pregnancy, there was again repeated hæmorrhage in the third month, and during seven weeks preceding delivery, discharges of water.

Eighteen months after this, she became pregnant again, and during this period the repeated hæmorrhages occurred without the watery discharges.

Dr. LANGERHAUS believed that the discharged water was the true *liquor amnii*, as the considerable quantity discharged, and which took place only when lying, seemed to him to indicate a rupture of the membranes of the ovum, which in the upright posture was perhaps closed by pressure from the child. On examination he found an extensive lateral rupture of the *portio vaginalis*, which he thinks may have been the cause of the premature rupture of the membranes.

Dr. MARTIN did not consider the discharged water as true *liquor amnii*, but rather believed that this case was one of the so-called *Hydromettrorrhœa uteri gravidarum*. The hæmorrhages do not always occur, but a discharge of water mixed with blood, which sometimes begins in the eighth or ninth week, but more frequently in the seventh or eighth month, and often reaches in quantity a teacupful, or more. In thirteen cases that fell under his own observation, the delivery, with the exception of two cases, took place before the full time; and in most of the cases he was able to detect disease of the uterus, as in one case a firm adhesion of the placenta, in four others, *metritis parenchymatosa*, which, during *accouchment*, is aggravated. He believed that the discharged liquid took place from the lower segment of the uterine cavity, when the two decidual surfaces, commonly close together, are not in close contact. This idea is corroborated by the elder NAEGELE, who considered *Endometritis* as the cause of Hydromettrorrhœa.

Dr. LANGERHAUS remarked that he based his idea on the circumstance that the discharge occurred only in the recumbent position. He had had his doubts whether the discharge was not urine, as in SCANZONI'S case (*Würzburger Zeitschrift*, Bd. 1., 1860, p. 95,) but he never perceived the odor of urine during his observations.

Dr. L. MAYER had observed similar discharges from the unimpregnated uterus. The cervical canal ordinarily exudes a tough mucous, but in certain cases a thin liquid is discharged amounting to a thimbleful in a very short time. He then had a lady under treatment who regularly for a few days in the middle of the time intervening between her catemenia, had a copious discharge of water.

Dr. MARTIN thought that the discharge from Hydromettrorrhœa could not easily be mistaken from urine, as the former contains albumen, and stiffens the linen.

GEIL in his Dissertation: *De Hyromettrorrhœa uteri gravidarum, Heidelbergæ* 1822, gives a large number of cases. His idea that the water is discharged from the uterus, is sustained by cases of collection of water in the uterus with closed orifice (*Hydrometra*,) which renders it obvious that the uterine cavity under certain diseased conditions does exude an aqueous liquid.

Dr. POASCH had had three cases of Hydromettrorrhœa, but all reached the normal period of pregnancy before delivery.

Dr. KRISTELLER would not undertake to decide in the case under consideration, whether the discharged liquid was liquor amnii or secretion of the uterus; this disease is known, but rare. On the other hand, hæmorrhages during pregnancy are more common without necessarily causing premature labor. He knew of different instances wherein pregnancies run their normal period, in spite of frequent hæmorrhages; and the traces of such hæmorrhages are found in the placenta and membranes. One originating source of this water had not been named during this debate: the space between the choorin and amnion, where, for instance, we often find gelatinous exudations which remain in their consistence until delivery, whilst a serous exudation which in the same locality is also possible, would present itself as Hydromettrorrhœa.

Dr. MARTIN said that a chief argument against the idea that the discharged water was liquor amnii, consisted in the fact that in one case seven weeks elapsed between the discharge and delivery, and in the other nine weeks. Otherwise, how could the operator count on bringing on labor soon, after perforating the membranes, as it always does, as far as he knew.

Dr. WEGSCHEIDER remarked that it was not at all necessary for labor to follow the evacuation of the water so soon. He saw an instance wherein the water was suddenly discharged, felt the uterus correspondingly decrease in size, and yet five weeks elapsed before delivery ensued, when a living child was born.

A similar case was observed by Dr. G. SIMON, who was called to a woman after the rupture of the membranes, and on examination distinctly felt the scalp of the child covered with hair. Five weeks afterward a living child was born.

Dr. KORTE gave the history of a case of pregnancy in which in the fourth month a sudden discharge of blood and water took place. Through rest the threatening abortion was prevented. Two months afterward she started on a journey, during which, off and on, there was hæmorrhage, and at one time a large coagulum was discharged. At the right time a full bag of water was formed, burst, and a living child was born.

Dr. MARTIN thought likely that the discharge in this case was an abortion of one ovum of twins.

Dr. C. MAYER had seen in his practice many cases of *Hydromettrorrhœa uteri gravidarum*, and is of the opinion that the source of the flow is between the chorion and amnion. In the case of Dr. LANGERHAUS there was evidently no loss of the true liquor amnii; the false liquor is sometimes considerable in quantity. He remembered the case of a pregnant woman who would swell up during the day, and generally during the night she would discharge several teacupfuls of water, without interrupting the pregnancy or a favorable delivery. He had not met with the hæmorrhages

spoken of, but would attribute them to the congested state of the uterus. NAEGELE evidently thought so, as his treatment is decidedly antiphlogistic, and he (MAYER) following the example, had always resorted to cooling and purgative remedies, the pregnancies, as a rule, reaching the normal period.

As concerns the perforation of the membranes for the production of premature labor, thought that there was quite a difference in result whether perforation be made below, where the water must drain off, or whether it be made higher up, near the fundus, so that compression from the child will arrest the flow.

The remark made by his son that water is discharged from the unimpregnated womb, he could substantiate by numerous observations. Mostly do these discharges come in the middle period between the catamenial periods; often accompanied with such dysmenorrhœa, that one of his patients thus afflicted remarked: "now my intermediate pains are coming," ("jetzt komman meins Mittelschmerzen.") He did not believe that the secretion proceeds from the cervix uteri, which commonly secrete tough, vitreous material, but it proceeds from the cavity of the uterus.

Dr. MARTIN did not think it was clear how the water could be retained even when the rupture of the membranes was high.

The question was then raised whether it is possible for a union to take place in the ruptured membranes, notwithstanding that they contain no vessels. Dr. KORTER named the cornea, and Dr. HUTER the epidermis, both of which unite, notwithstanding they are without vessels. Dr. MARTIN, however, disputed the analogies. Both of those structures are intimately connected with tissues containing blood vessels, whilst the membranes of the ovum are isolated, and from the fatty condition of the *Decidua*, all direct communication with the exudative tissues is cut off. The opinion generally prevailed that agglutination of the wounded membranes cannot take place; also, that the closure of the *orificii uteri* by a mucous plug cannot prevent the water from escaping, as this plug when once disturbed is not regenerated in later periods of pregnancy.

Efficacy of Sesquichloride of Iron for the Treatment of Ulcers about the Nials.

M. BILLON communicates the following to the *Journal de Méd. et de Chirurgie*:

Dr. CAILLET of Luynes (Indre et Loire,) having recently published a case in which the application of sesquichloride of iron effected a cure of the affection popularly termed *the growth of the nail into the flesh*, I take this opportunity of recording several instances of the same kind, witnessed by myself, which confirm the results obtained by M. CAILLET, and may perhaps be deemed not wholly uninteresting. In 1858, Dr. WAHU, staff-physician to the army, having succeeded with this remedy in curing the painful diseases in question, I resorted to the same method, and with the greatest benefit in four cases. I may here remark that ulcers about the nails are occasionally observed among our soldiers, having escaped the attention of the medical boards, or being caused by the pressure of the boot during forced marches. Under these circumstances, a *prompt* and *painless* cure may be effected by inserting the *dry* sesquichloride between the nail and the protruding flesh, and powdering the latter with the same substance. A large bandage should be applied over all, not impregnated with the *liquid* sesquichloride of iron, as recommended by Dr. CAILLET, a precaution which may, however, be useful, as the folds of the band dry rapidly, and preserve their situation in a more exact manner.

On the following day, the exuberant flesh is found to have acquired the hardness of wood; suppuration speedily ceases, and a cure follows after two or three applications. This simple and mild treatment is obviously far preferable to the numerous surgical procedures hitherto recommended. In the course of four or five days, in a week at the farthest, the original pain ceases, the swelling subsides, and the patient is able to walk. Naught remains but the hardened protruding flesh, which falls away about a month after the application of the sesquichloride of iron. These are the results yielded by the method in four soldiers suffering from the growth of the nail into the flesh. They have appeared to be sufficiently remarkable to warrant the communication.

DOMESTIC.

Notes on Different Questions of Oculistic Therapeutics, by Dr. E. WILLIAMS, of Cincinnati. (Proceedings of the International Congress of Ophthalmology.)

It is with especial pleasure that we publish an extract of these notes of Dr. WILLIAMS, the only representative of North American science at the Congress. They show, in every detail, the clever observer, well posted up in regard to the latest acquirements of ophthalmological knowledge—a praise which we, unfortunately, can but rarely confer upon the generally meagre and unscientific articles which find, here and there, their way into the columns of our medical periodicals.

Occlusion of the Lachrymal Sac.—In cases of fistula or tumor, with considerable stricture, or total atresia of the nasal canal, Dr. W. performs the operation by obliteration of the sac. The method of DESMARRES, of cauterization with the red-hot iron, he has quitted, and now uses the nitrate of silver, which has the advantage of causing less fright to the patients. He opens the sac largely, and introduces pieces of nitrate of silver, which he allows to dissolve; one is placed in the most elevated, another into the deepest part of the sac, and these applications are repeated until the cavity is closed up. Several weeks are necessary for that; four or five usually suffice. It must be taken care not to cauterize the skin, and that the liquid does not enter the eye by the lachrymal ducts.*

Dr. W. did not try to close the canalicula, inasmuch as this practice would lengthen the treatment, and because he thinks it is not yet proved that the passage of liquids retards the obliteration of a cavity or a fistula.†

The results of the complete occlusion are very good; the patients are greatly relieved, and most of them not at all, or but little disturbed by tearing.

On the Inoculation of Blennorrhoic Pus as a Therapeutic Agent.—Dr. WILLIAMS states, that since the details on the treatment of pannus by this agent were given by Mr. WARLOMONT, in 1854, he has used it here and there, but always after having failed by all other methods.

In all, he treated that way twelve patients, ten of which were inoculated on both, two on one eye. All had granulations of a very obstinate nature, and frequent recurrences of strong inflammation. Of

* We cannot see how this is very well to be avoided.—ED.

† We have, since long, been in the habit of using the nitrate of silver, as we had seen at GRAEFE's clinic, for the obliteration of the sac, but failed in one case to effect it. We found that the lower canaliculum, which we believed to be closed by the introduction of a silver wire covered with a layer of nitrate of silver, was yet opened, and attained our object by closing it. The upper canaliculum needs not to be closed. The question on the closure or non closure of the canalicula, therefore, we must consider yet as an open one.—ED.

the ten patients inoculated on both eyes, six were perfectly and definitely cured, without any accident. One had a small, insignificant ulcer on one cornea, but was also cured. Seven, therefore, may be considered as radical cures. The three others had grave ulcerations of the cornea. A little boy, emaciated and scrofulous, had a perforation of the cornea on one eye, with consecutive conicity of the cornea, and very imperfect sight. His other eye was cured.

The second case was also a little boy, with strongly pronounced scrofulous diathesis, who had suffered for eight months of strong granulations and keratitis, with considerable photophobia. His eyes were considered lost by Dr. W., and the inoculation performed to relieve him from his terrible pain, and perhaps to cure him. His eyes were both destroyed, twenty-four hours after the reaction had set in, by perforation of the corneæ.

The third case was a man of sixty, feeble and very fat. Both his corneæ became perforated on the fifth day after the inoculation, but the perforation being only central, he gained sight enough to go about.

Of the two cases where one eye only had been inoculated, there was one in a man of intemperate habits. Four days after the inoculation, perforation took place, and, though the pannus was cured, vision became worse than before. The second patient had an exceedingly strong pannus, and was cured on one eye, but refused inoculation on the other. A return took place, after some time, and he subsequently died.

In order to appreciate the result of treatment in these cases, therefore, it is well to mention that twenty-two eyes were inoculated, and six of them affected with consecutive ulceration of the cornea; that two eyes were totally destroyed; two gravely injured, but retained some vision; two left in a state allowing the patient to go about.

The drunkard and the little boy with incurable pannus, before the inoculation, were not fit for the treatment, and if these cases are deducted, there remain but three cases of ulceration in eighteen eyes. Of those three cases only one was so gravely attacked that its vision amounted to very little afterwards; the others kept a very useful amount of sight.

The cases were all almost desperate, Dr. W. continues, and states that he thinks his experience entitles him to say that if all cases of trachoma were treated right away by inoculation, without regard to the state of the cornea, the proportion of patients definitely cured, with good vision, would be larger than by the other remedies. Finally, he very judiciously remarks that it is advisable to make a secret to the patients of the source of the remedy, and records the supposition of an inquisitive lady patient, who thought that it came from the "back-leg of the devil," adding that she was pretty near the truth![*]

Partial Ablation of the eye.—Dr. WILLIAMS is in favor of sacrificing a useless and painful eye, in order to discard danger from the other. No experienced ophthalmologist, he says himself, disagrees with him on that subject, but which operation, he asks, has to be performed—extirpation of the whole globe, or partial ablation? Dr. W. is in favor of the latter, and for the following reasons: (1,) The operation is, he says, much less serious than extirpation; (2,) it is more quickly performed; (3,) it disfigures the patient less; (4,) it is just as efficient for the protection of the other eye; (5,) it leaves a more favorable stump for the wearing of an artificial eye.*

Dr. W. makes a flap upwards, like in extraction for cataract, only a little behind the margin of the cornea, and finishes the ablation by seizing the flap with a forceps and cutting off the rest of the cornea with the same knife. He has had perfect results in many cases; the pain ceased, the other eye was saved, and the conditions for the use of an artificial eye were more favorable than they would have been after an extirpation.†

Trichiasis and Entropion.—The readers of the AMERICAN JOURNAL OF OPHTHALMOLOGY recollect the description of a new operation for these affections, described in the review of the *Clinical Observations*, by Drs. PAGENSTECHER and SAEMISCH, (No. 2, p. 85,) which is a modification of GAILLARD'S operation. Our learned confrere, Dr. WILLIAMS, who recommended ligatures for these affections years ago already, has lately added to this treatment the division of the external canthus. We therefore abstain from reproducing his views in reference to this subject, referring our readers to the above-quoted review, but give Dr. W. due credit for having "co-invented" the operation GAILLARD-PAGENSTECHER, a credit which, we think, his modesty forbade him to ask from the distinguished members of the Congress.—*American Journal of Ophthalmology.*

On the Paracentesis of the Cornea and Repeated Evacuation of the Aqueous Humor as a new Treatment for Cataract, by Mr. RIVAUD-LANDRAU. (Proceedings of the International congress of Ophthalmology.)

Mr. RIVAUD-LANDRAU, who published some time ago a statistical report of over two thousand cases of cataract he had operated on, was certainly entitled to test a new method of curing cataract by systematic evacuations of the aqueous humor, proposed by Dr. SPERINO, in Turin, a surgeon of standing in Italy, who was much spoken of some years ago on account of his experiments with "Syphilization," as our readers will doubtless remember.

Dr. SPERINO said that "facts had proved that the evacuations repeated daily, or even only every two or three days, resulted to render the opaque crystalline body gradually transparent, and consequently re-establish the visual functions."

Dr. RIVAUD-LANDRAU considered this statement

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* Messrs. WARLOMONT and HAIRION, in the ensuing discussion, although considering the results obtained by Dr. WILLIAMS very encouraging, expressed their belief that these results would have been still better if he had not first tried, as he stated himself, all other remedies. They concur in the statement that the existence of a uniform pannus is an excellent security against ulceration of the cornea, while the dangers of ulceration increase if the corneal exsudations are on some spots reduced, or have disappeared, by other therapeutic interference.

* As we hold different views from Dr. W. in this respect, we beg leave to remark that, ad 1, we cannot see the seriousness of an operation which, like extirpation, is performed without any loss of blood, and hardly ever requires any after-treatment; ad 2, the question of quickness is insignificant in two operations which both do not take more than five minutes at the utmost: ad 3, the patient wearing an artificial eye, the observer cannot see whether there is a stump below or not; ad 4, this point is very doubtful, according to our experience, and seems also so from theoretical reasons; ad 5, an artificial eye can equally well be worn with extirpation well performed.—ED.

† On this last point we agree with Dr. W., in so far as the existence of a stump renders the artificial eye more movable and makes the eye look less sunken as after extirpation; but, as we already stated above, besides this, the latter operation is a better guarantee against sympathetic affections of the other eye. The muscles, which are all left if the extirpation is performed according to BONNET'S method, constitute a stump, in many cases just as valuable, and always less irritable than any other, with rudiments of the eye in it, and the artificial eye may be worn a few days after the removal of the organ. PAGENSTECHER, in the last (second) part of the "Clinical Observations made in the Eye Hospital of Wiesbaden," published a paper "On Enucleation of the Globe and Sympathetic Inflammation of the Eye," and speaks of the ablation as of an obsolete method, "followed by a tedious process of cicatrization, where one was very fortunate if no purulent panophthalmitis ensued." "*There will be no doubt in such cases henceforward*, he says, "*and extirpation will always be preferred, as it has the same result in a much shorter time, and always allows the wearing of an artificial eye immediately.*"

worthy of examination, and went immediately to put it to test by conscientious experiments. On the one hand, there seemed to be a chance to substitute to the operations for cataract, which are never free from danger, a safe and insignificant procedure; on the other, the latter, by its immunity from danger, rendered every experiment justifiable at any period of the development of cataract. Theoretically, the effect of this method seemed inexplicable, and would not have encouraged any experimentator; but, says Dr. R., as it is not rare to see empiricism supplant theories, which seem most solidly established, I wanted, before forming an opinion on the new method, to submit it to a series of experiments for my own satisfaction and to my perfect conviction.

He tried it in four cases; first, on a woman of sixty, affected with cataract on one of her eyes. The superficial layers of the cataractous lens seemed soft. During nine months he evacuated the aqueous humor daily, and afterwards every second day. *No effect in nine months.* The cataract has, on the contrary, become more developed. The second case was one of half soft cataract in a stout man of sanguine temperament, aged forty-one. Daily evacuations during four months. *No effect.* In the third case, of an individual of sixty-seven, of lymphatic temperament, who was several times affected with specific diseases, presenting a complete lenticular cataract of the right eye, the punction repeated during five months had also *no effect.* And in the fourth, of a mechanic of twenty-one, with traumatic cataract in consequence of a wound with a steel point, the result was also *negative*.

Dr. R. himself does not consider four cases sufficient to prove peremptorily the fallacy of Dr. Sperino's statements; but nevertheless he considers them proof enough that not all cataracts are curable by the new method, as bad luck has made him take hold just at the very beginning, of four refractory cases. The new method is harmless, but produces, if the punction is always made on the same spot, a slight inflammation around the wound, which gives rise to a small obscuration of the cornea at that place, and also causes, in such cases, a little deviation of the pupil, the iris being somewhat drawn into the wound.

Our readers, several of whom have asked our opinion on the new treatment, will do well to continue to extract cataracts as heretofore. Our knowledge of the pathological anatomy of observations of the crystalline body does not allow us to believe in the validity of Sperino's method, which seems more a flight of fancy than the sober advice of a scientific oculist.—*American Journal of Ophthalmology.*

Reviews and Book Notices.

Dentition and its Derangements. A Course of Lectures delivered in the New York Medical College. By A. Jacobi, M. D., Professor of Infantile Pathology and Therapeutics, etc., etc. New York: Baillière Brothers, 440 Broadway. Pp. 172.

SECOND NOTICE.

The thirteen lectures, composing this volume, were originally published in the *American Medical Times*, and were then favorably received by the profession, at the time of their first publication. The profession owes a debt of gratitude to the author, or publishers, for the lectures in book form. In regard to the merits of the work, we are not at liberty to withhold our opinions, in view of what the author says, viz.: "The profession—I have written for the profession only—will please not withhold their opinions of my treatise. As for myself, I have tried to do justice to both the subject and its literature."

The work deserves to be read by every member of the profession, and is deserving of the highest commendations. We would advise every practitioner to buy and read the work; we predict he will arise from the perusal a wiser man, and better practitioner. Commending the work, in the most unqualified manner, we make but one quotation; knowing that in commending we but do our duty to the profession, and to the author of the work before us.

"You know that among the public at large, even among the educated part of the community, teething is regarded as one of the two scapegoats of all the diseases of infantile age. Teething and worms are among mothers acknowledged as the universal and all-powerful sources of disease. Whenever an innocent ascaris or a puny oxyuris is observed in the fæces of a child, worms are for years to come, considered as the undoubted cause of any disease that may occur. Teething, a normal, physiological development, taking place at an age which for many reasons is subject to a large number of diseases, has a strong hold on the imagination of frightened maternal minds. The first dentition generally occupies the first two years of early infantile life; a period in which the child is peculiarly liable to diseases both numerous and frequently of a dangerous character. As the protrusion of a tooth (and in the average a tooth will cut every month) is a remarkable phenomenon, and is something new and visible to the eyes of even the most short-sighted, it is believed to be the cause of every unfavorable occurrence in early life. A mother will bring to you her child, thin, emaciated, and anæmic, with sunken eyes and the wrinkled physiognomy of old age and tell you that she is well aware the poor thing is suffering from teething, and that therefore nothing can be done to alleviate its sufferings. She will never be convinced that her child is dying from her own neglect; but she has allowed a slight catarrh of the intestines, perhaps, to degenerate into incurable ulceration of their follicles. Thus you will learn that ignorance and prejudice will attribute all, or nearly all, the diseases of the infantile age to a normal process. To the same cause are attributed inflammations of all the external and internal organs, the brain and its membranes, air passages and lungs, mouth, throat, stomach, and intestinal canal; as also cough, vomiting, diarrhœa, and dysentery, derangements of the secretion and emission of urine, chronic eruptions of the skin, convulsions and paralysis, exudations of serum, and extravasations of blood, in any of the numerous organs of the infantile body. Teething is thus considered the efficient cause of most of the terrible diseases which prove fatal to thousands of the rising generation. I can assure you that the readiness to attribute all the diseases of infantile life to teething has destroyed more human beings than many of the wars described in history. For though parents are so much impressed with the belief of the dangers of teething, still they never think of attempting to save the lives of their children by counteracting the supposed life-endangering power of a normal process."

Again, we would say, to such practitioners as may be influenced by our judgment, buy and read this little work; and, after reading, place it in the hands of any mother that may be raising a family of children. Nothing but good can come from its perusal, whether by one of the profession or by a layman.

O. C. G.

Substances used in Filling Teeth.

This was the subject of a paper lately read before the Students' Society of the Dental Hospital, by Mr. M. Harding. After considering temporary and permanent fillings, and the various amalgams used for the purpose, Mr. Harding concluded his remarks by a tribute in favor of the noblest of all metals, gold.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 18, 1863.

The rebel invasion of this State, the threatened demonstration against Philadelphia, and the excitement consequent thereon, make it incumbent on us to ask the indulgence of our readers for any irregularities that the extraordinary circumstances in which we are placed, may cause.

The editor has felt it to be his duty to take up the musket for city defence, and, for awhile his time will be partly occupied with military duties. It is hoped that no emergency will arise that will require his whole time, but if there should, there are others who will no doubt lend their aid in the editorial management of the REPORTER.

The same circumstances have so deranged all branches of business, that it will be difficult to get the full quota of work done, or to get it done with the promptness that is desirable. We shall do the best we can.

We must ask our subscribers to be indulgent, to send us communications, (for the excitement has nearly stopped these,) and to answer our calls upon them as promptly as possible.

PENNSYLVANIA STATE MEDICAL SOCIETY.

In the REPORTER of June 20th, we published a report of the proceedings of the Pennsylvania State Medical Society. A good deal of pains was taken to make the report complete. A respected correspondent finds fault with it, however, for its want of accuracy, and informs us that a "correct" report would be published in the *Medical News and Library*. Somewhat chagrined at our failure, we awaited the "correct" report with some curiosity and solicitude. It has come. Under the head of Unfinished Business of the last session, we did omit to mention four items, viz.:

1. A Report from the Committee on providing for the use of the physicians of the State a permanent supply of genuine Vaccine Virus. The chairman of the Committee reported that he had been enabled to distribute a considerable quantity to practitioners throughout the State and to Surgeons in the army, though the demands upon him had been far less than in former years—and this, be it observed, at a time when small-pox has been unusually prevalent. Conceiving that the object had in view by the Society had been fully accomplished to the extent of the means at its disposal, the Committee begged to be discharged. The fact is, the profession of Pennsylvania know that when they want a supply of vaccine virus it is to be had by application, with a stamp to pay return postage, at the office of the MEDICAL AND SURGICAL REPORTER. In this way we have, during the past year, supplied hundreds of physicians, besides sending a large quantity to the Surgeon-General free of cost, for the use of the army.

2. A report from the Committee on Meteorology. The chairman reported progress, and the Committee was continued.

3. The Committee on Criminal Abortion made no report, and asked to be discharged—which was done.

4. The Committee on Physical Education reported progress, and was continued.

The above seems to be the sum of our sins of omission, and we leave it to our readers to judge whether they are of very great importance. Our sin of commission seems, on comparison with the "correct" report to consist in the fact that our report was far too truthful to suit some gentlemen who, like some members of Congress occasionally have cause to revise their records. We can only say that if the report published in the *Medical News and Library* was furnished as a "correct" report of the proceedings, then that journal was shamefully imposed upon.

We trust that the minutes of the next meeting of the State Medical Society will not require revision, and that the transactions will be altogether more creditable to the profession of the State. We shall use our influence to induce the profession to organize more thoroughly, that future meetings of the Society may have the benefit of a larger representation, which may have the effect of giving the proceedings a more practical and useful character.

We do not by any means intend to be understood that the proceedings were devoid of interest; our report shows the contrary. There were some excellent reports and volunteer papers which will appear in the transactions.

HINTS ON INAUGURAL THESES.

Dr. Thomas D. Mitchell, Professor of Materia Medica and Therapeutics in the Jefferson Medical College of this city, in a communication to the *Boston Medical and Surgical Journal*, has the following remarks on Inaugural Theses, which we hope will receive attention, from journalists and the profession, that students may be encouraged to investigate more thoroughly the properties of our indigenous materia medica. In our blind adhesion to the foreign materia medica we no doubt neglect some very valuable medicines, the products of our own soil, many of them even superior to foreign articles. The English medical journals are devoting much attention just now to our materia medica, and if the result of their and our investigations should be the expurgation of some effete foreign substances, and the addition of some of our own really valuable plants, the cause of science will be subserved.

To the list of articles of the American flora enumerated by Dr. Mitchell whose properties should be investigated, we would take the liberty of adding the *Hydrangea Arborescens*, which was the subject of the Inaugural Thesis of the writer in 1850, and which has frequently been used with satisfaction in urinary affections, particularly in cases where there are sabulous and gravelly deposits in the urine. Many successful applications of the remedy have been published in our pages during the past thirteen years.

The following are Professor Mitchell's remarks:

"A cursory glance at the titles of inaugural theses, as given in the published lists of the graduates in medicine and surgery, would induce the supposition that topics suitable for such productions have well nigh been exhausted. Typhoid fever, pneumonia, dysentery, diphtheria, and other common-place subjects are so commonly before our eyes, that one might fancy, at least, that none others were worthy the notice of candidates for graduation. The evil under review leads to a result that is perhaps almost unavoidable; and that is, a habit of copying, year after year, with little or no effort at originality. Take typhoid fever, as a sample. The candidate tells just about the same story that has been rehearsed a hundred times before, adding, it may be, a case or two that occurred in the practice of his preceptor, by way of illustration. As a consequence, the professors, into whose hands these essays fall, are not disposed to read them, just because they feel that an old story merits nothing more than a hasty glance.

"Now this practice has grown so absolutely stale as to warrant an effort, at least, to make it obsolete. Nor is there any real difficulty in the way of reform, as this brief paper will abundantly show.

"Our widely-diversified and very extensive country presents articles that have never been properly investigated, and not a few that have scarcely been the subjects of research at all; and it is my purpose to place before the medical student who has industry equal to the task, several items of our great domestic storehouse, the analysis of which would tend not a little to enlarge our curative resources.

"The American *Holly*, so abundant in this country, and used by the aborigines as a remedy for periodical fevers, demands a full investigation. A foreign work has told us of the *Ilex opaca* of Great Britain, and its proximate principle. *Ilicene*, as substitutes for Peruvian bark; but the Ilex or Holly of America has had no proper investigation. It is quite easy to obtain the leaves and bark and to form decoctions and extracts, according to the rules laid down in the books, and then to test their power on the human economy. A proximate principle might also be developed, similar to the Ilicene of the *British Flora Medica*.

"The different species of *Salix*, too, call for more thorough investigation. Everywhere we see the *willows*, and most persons are familiar with them. The proximate principle, *Salicine*, is one of the well-known substitutes for the salts of quinine, and the decoctions of the bark have been in use at a period more remote than we would now venture to name.

"The very common *Poke-root* (Phytolacca decandra) belongs to the same category. Something has been done in respect of this article, but it has not yet received the attention it merits.

"Our *Persimmon* trees, loaded with fruit, meet the eye in almost every direction, and this is about all that thousands know respecting them. Two or three distinguished men have written on their merits, but to this date no proper analysis has been made, and of course the real value of the article is not known. I incline very strongly to the belief that future researches are destined to give the persimmon a far higher place than it now enjoys among remedial appliances.

"It is high time, too, that the real value of the *dewberry* and *blackberry* plants was understood. Everywhere employed in domestic practice, why should their therapeutic powers be so imperfectly known that two professors in the same school should, on the same day, pronounce opposite

opinions respecting them? Doubtless they are of more value than we are wont to believe.

"The *Pœonia* (often called *piney,*) the *Apium petroselinum* (garden *parsley*), the familiar *Ruta gravedens* (*Rue*), all have claims that have never been fully met, and yet each has its own peculiar value.

"The list could be greatly extended, but we shall content ourselves with alluding to but one other native vegetable, viz., the *Sarracenia purpurea*, more commonly known as the *pitcher* plant, from the resemblance of the leaf to a small pitcher; it usually contains one or two ounces of water. My first knowledge of this plant was gained from a perusal of Part 46 of *Braithwaite's Retrospect*, page 95, where its ancient use by the Indian race, as a prophylactic and also as a remedy for *small-pox*, attracted my attention. This, added to the actual use of the plant in the *Toronto Hospital* (Canada) in the treatment of variola, induced me to present the subject to my class last winter.

"The pitcher plant is very abundant in the United States. Excellent samples were sent to me early last spring from New Jersey, where it flourishes in swampy lands. The plants are now in full vigor in this city, and bear a very pretty flower. A strong decoction of the roots is the preparation employed, now, as in the days of aboriginal simplicity. As the plant is exceedingly abundant, any desirable quantity may be gathered for experimental purposes.

"It will occur to the reader that the articles above named (and there are scores besides) are in our own soil and therefore easy of access, and to be had at little or no expense. Let our candidates for graduation make their selection, and devote a portion of the usual college recess to a careful investigation, and they will be able to present theses that may have some good claim to originality; and the day may yet come when our own country will be able to furnish scores of remedial agents whose actual worth may supplant many articles that are now brought to us from far distant climes."

"It is my custom to present this whole subject to my class every winter, but it seemed desirable to call the attention of others, equally interested, to the special merits of the case."

Notes and Comments.

Transmission of Sound to a great Distance.

Dr. F. C. Robinson, of Greensburg, Westmoreland county, Pa., says that the report of artillery at the battle of Gettysburg, on the 3d inst., was distinctly heard at Greensburg, a distance of one hundred and twenty-five miles from the seat of conflict; on lying down on the ground jarring could be distinctly felt. Dr. Robinson says, "That the whole neighborhood claim to have heard the firing. During Friday the air was calm and the sky cloudless. If you will look at a map, you will see that several ridges of mountains intervene between this place and Gettysburg, the latter point being southeast from here."

News and Miscellany.

Army Hospitals in this City.

A large number of wounded soldiers arrived in this city during the past week. The number admitted into the Hospitals was 3,924; 127 were returned to duty; 15 were discharged, and 104 were mustered out of the service at the Filbert street Hospital for convalescents. No deaths occurred. The number remaining on Saturday, July 11, was 9,527, distributed as follows:

West Philadelphia	3,717
Chestnut Hill	2,973
Nicetown	869
Germantown	658
Summit House	333
South Street	270
Christian Street	171
Turner's Lane	149
Filbert Street	107
Citizen's	60
Camac's Woods	50
Chester	50
Islington Lane	9

The Conscription.

The conscription law of the last Congress is now being put in force. The following are allowed as causes of exemption:

First. The Vice President of the United States, the judges of the various courts of the United States, the heads of the various Executive Departments of the Government, and the Governors of the several States.

Second. The only son liable to military duty of a widow dependent upon his labor for support.

Third. The only son of aged or infirm parent or parents dependent upon his labor for support.

Fourth. Where there are two or more sons of aged and infirm parents subject to draft, the father, or if he be dead, the mother may elect which son shall be exempt.

Fifth. The only brother of children not twelve years old having neither father nor mother, dependent upon his labor for support.

Sixth. The father of motherless children under twelve years of age dependent upon his labor for their support.

Seventh. Where there are a father and sons in the same family and household, and two of them are in the military service of the United States as non-commissioned officers, musicians, or privates, the residue of such family and household, not exceeding two, shall be exempt: Provided, however, That no person who has been convicted of felony shall be enrolled or permitted to serve in said forces.

The exempts under the first provision of section 2 of the act for enrolling and calling out the national forces, etc., will generally be sufficiently well known to the Board to obviate the necessity of evidence with

regard to them. Should, however, the Board consider it necessary, in any case, the commission or certificate of office of any person claiming exemption under the provision mentioned may be required to be shown.

To establish exemption under the second, third, fourth, fifth, and sixth provisions of section 2 of the act for enrolling and calling out the national forces, &c., the Board shall require the affidavits of the persons seeking to be exempt, and of two respectable men (heads of families residing in the district, that the man in question is "the only son of aged or infirm parents, or parents dependent on his labor for support," or otherwise, according to the particular provision of the section under which the exemption is claimed. These affidavits will be made according to the forms hereinafter prescribed, and must, in all cases, be taken before a civil magistrate duly authorized to administer oaths. These forms of affidavit shall be published by the Board of Enrolment in the newspaper of the district, for the information of the public when a draft is ordered.

The following list of physical causes of exemption is issued from the Surgeon-General's office, but no certificate of a physician or surgeon is to be received in support of any point in the claim of drafted men for exemption from militia service, unless the facts and statements therein set forth are affirmed or sworn to before a civil magistrate competent to administer oaths.

1. Manifest imbecility or insanity.

2. Epilepsy. For this disability the statement of the drafted man is insufficient, and the fact must be established by the duly attested affidavit of a physician of good standing, who had attended him in a convulsion.

3. Paralysis, general or of one limb, or chorea; their existence to be adequately determined.

4. Acute or organic diseases of the brain or spinal chord; of the heart or lungs; of the kidneys or intestines; of the kidneys or bladder, sufficient to have impaired the general health, or so well marked as to leave no reasonable doubt of the man's incapacity of military service.

5. Confirmed consumption; cancer; aneurism of the large arteries.

6. Inveterate and extensive diseases of the skin, which will necessarily impair the efficiency of a soldier.

7. Decided feebleness of constitution, whether natural or acquired.

8. Scrofula or constitutional syphilis, which has resisted treatment and seriously impaired the general health.

9. Habitual or confirmed intemperance, or solitary vice, in a degree sufficient to have materially enfeebled the constitution.

10. Chronic rheumatism, unless manifested by positive change of structure, wasting of the affected limb, or puffiness or distortion of the joint, does not exempt. Impaired motion of joints and contraction of the limbs, alleged to arise from rheumatism, and in which the nutrition of the limb is not manifestly impaired, are to be proved by examination while in a state of anæsthesia induced by ether only.

11. Pain, whether simulating headache, neuralgia in any of its forms, rheumatism, lumbago, or affections of the muscles, bones, or joints, is a symptom of disease so easily pretended that it is not to be admitted as a cause for exemption unless accompanied with manifest derangement of the general health, wasting of a limb, or other positive signs of disqualifying local disease.

12. Great injuries or diseases of the skull, occasioning impairment of the intellectual faculties, epilepsy, or other manifest nervous or spasmodic symptoms.

13. Total loss of sight; loss of sight of right eye, cataract, loss of crystaline lens of right eye.

14. Other serious diseases of the eye, affecting its integrity and use, *e. g.*, chronic ophthalmia, fistula lachrymalis, ptosis (if real), ectropion, entropion, &c. Myopia, unless very decided or depending upon some structural change in the eye, is not a cause for exemption.

15. Loss of nose; deformity of nose, so great as seriously to obstruct respiration; ozena, dependent upon caries in progress.

16. Complete deafness. This inability must not be admitted on the mere statement of the drafted man, but must be proved by the existence of positive disease, or by other satisfactory evidence. Purulent otorrhœa.

17. Caries of the superior or inferior maxilla of the nasal or palate bones, if in progress; left palate (bony); extensive loss of substance of the cheeks, or salivary fistula.

18. Dumbness; permanent loss of voice; not to be admitted without clear and satisfactory proof.

19. Total loss of tongue; mutilation or partial loss of tongue, provided the mutilation be extensive enough to interfere with the necessary use of the organ.

20. Hypertrophy or atrophy of the tongue, sufficient in a degree to impair speech or deglutition; obstinate, chronic ulceration of the tongue.

21. Stammering, if excessive and confirmed; to be established by satisfactory evidence under oath.

22. Loss of a sufficient number of teeth to prevent proper mastication of food and tearing the cartridge.

23. Incurable deformities or loss of part of either jaw, hindering biting of the cartridge or proper mastication, or greatly injuring speech; enchylosis of lower jaw.

24. Tumors of the neck, impeding respiration or deglutition; fistula of larynx, or trachea; torticollis, if of long standing and well marked.

25. Deformity of the chest sufficient to impede respiration, or to prevent the carrying of arms and military equipments; caries of the ribs.

26. Deficient amplitude and power of expansion of chest. A man five feet three inches (minimum standard height for the regular army) should not measure less than thirty inches in circumference immediately above the nipples, and have an expansive mobility of not less than two inches.

27. Abdomen grossly protuberant; excessive obesity; hernia, either inguinal or femoral.

28. Artificial anus; stricture of the rectum; prolapsus anni. Fistula in ano is not a positive disqualification, but may be so if extensive or complicated with visceral disease.

29. Old and ulcerated internal hemorrhoids, if in degree sufficient to impair the man's efficiency. External hemorrhoids are no cause for exemption.

30. Total loss or nearly total loss of penis; epispadia or hypospadia at the middle or near the root of the penis.

31. Incurable permanent organic stricture of the urethra, in which the urine is passed drop by drop, or which is complicated by disease of the bladder; urinary fistula. Recent or spasmodic strictures of the urethra does not exempt.

32. Incontinence of urine, being a disease frequently feigned and of rare occurrence, is not of itself a cause for exemption. Stone in the bladder, ascertained by the introduction of the metallic catheter, is a positive disqualification.

33. Loss or complete atrophy of both testicles from any cause, permanent retention of one or both testicles within the inguinal canal, but voluntary retraction does not exempt.

34. Confirmed or malignant sarcocele hydrocele, if complicated with organic disease of the testicle. Varicocele are not in themselves disqualifying.

35. Excessive anterior or posterior curvature of the spine; caries of the spine.

37. Wounds, fractures, tumors, atrophy of a limb, or chronic diseases of the joints or bones, that would

impede marching or prevent continuous muscular exertion.

38. Anchylosis or irreducible dislocation of the shoulder, elbow, wrist, hip, knee, or ankle-joint.

39. Muscular or cutaneous contraction from wounds or burns, in a degree sufficient to prevent useful motion of the limb.

40. Total loss of a thumb; loss of ungual phalanx of the right thumb.

41. Total loss of two fingers of same hand.

42. Total loss of index finger of right hand.

43. Loss of the first and second phalanges of the fingers of the right hand.

44. Permanent extension or permanent contraction of any finger except the little finger; all the fingers adherent or united.

45. Total loss of either great toe; loss of any three toes on the same foot; all the toes joined together.

46. The great toe crossing the other toes, with great prominence of the articulation of the metatarsal bone and first phalanx of the great toe.

47. Overriding, or superposition of all the toes.

48. Permanent retraction of the last phalanx of one of the toes, so that the free border of the nail bears upon the ground; or flexion at a right angle of the first phalanx of a toe upon a second with anchylosis of this articulation.

49. Club feet; splay feet, where the arch is so far effaced that the tuberosity of the scaphoid bone touches the ground and the line of station runs along the whole internal border of the foot, with great prominence of the inner ankle; but ordinary large, ill-shaped, or flat feet do not exempt.

50. Varicose veins of inferior extremities, if large and numerous, with clusters of knots, and accompanied with chronic swelling or ulcerations.

51. Chronic ulcers; extensive, deep, and adherent cicatrices of lower extremities.

M. Demarquay on English Surgery.

M. DEMARQUAY has recently published in the *Union Médicale* (No. 70) some of the impressions he derived concerning English Surgery during his visit to London as a juror of the Exhibition. Upon the whole, we do not complain of the estimate formed by our *confrère*, who sees that there is something at least to be learned from our hospitals and our practice; but one or two statements may be noticed. He seems to think that we administer chloroform in a far too free manner—an observation to be expected from a surgeon of the Paris hospitals, in which this assuager of suffering is often very imperfectly employed. The reason M. DEMARQUAY assigns for such imperfect administration is of that idealistical kind we have become in the habit of regarding as peculiarly French. He says that when the English patient is brought completely under the influence of chloroform, "a painful feeling is produced when we behold placed upon the operating-table a human mass brought there solely to undergo the operations indicated by art. As chloroformization is continued during the entire period of the operation, and the patient is carried away while still under the influence of the anæsthetic, there results a complete isolation of the patient and the surgeon, which is truly painful. The man is effaced by such a mode of procedure, the operator becoming a mere instrument, and the patient mere matter for operation. Those moral and sympathetic ties, which become established between the operator and the operated prior to the operation, and at the moment when the patient returns to his senses, have no place in the English hospitals, where this mode of procedure prevails. In this point of view ours is the better practice." Aye, in this point of view; but what is it in the patient's point of view? Freedom from pain, rather than a "moral sympathetic tie," is, we take it, the grand point with him.

The construction and convenience of our operating theatres, their admirable illumination, the mode of transporting the patients to and fro, and the mode of dressing, receive great praise at the hands of M. DEMARQUAY, contrasted as they are with what prevails in France. In comparing the results obtained in the two countries, he observed that we must bear in mind that the London patients can bear operations much better than the Parisians, who are of a far more nervous and impressionable temperament, whatever this may be due to, whether difference in race, in habits, or in manner of living. With respect to the diagnosis, he considers that French surgery is more minute, precise, and affirmative, while in indications of treatment English surgery is more bold and more hasty. Thus, in respect to the numerous and remarkable examples of excision met with in the London hospitals, there has not first taken place in these cases that series of local and general treatment which would have been put into force in Paris. While English surgery is so proud of the results of these operations, French surgery is better pleased with avoiding such operations by medico-chirurgical treatment, and thus preserving the limbs in their entirety. In calculating the statistics, we may expect a greater proportion of favourable results from the English resections than from the French, as these latter are not resorted to until the last extremity, when all other means have been exhausted. The true object of inquiry should be the diseases of the joints themselves; are they best treated by these more prompt and hasty operations, or by more varied and more expectant therapeutical agencies? But M. DEMARQUAY finds that if, in some respects, London surgery is bolder than French, in others it is more timid. Thus, delicate operations for the removal of malignant tumors are much rarer in London than in Paris. This, he conjectures, may be due to the fact of such cases being treated at special hospitals, and should be borne in mind in estimating the respective mortality of the general hospitals of the two countries. We believe that this class of operations is of more common occurrence in our hospitals than M. DEMARQUAY supposes, and that their greater rarity, compared with what prevails in Paris, is not due to any predominance of special hospitals, but to the increasing want of confidence entertained in their efficacy by our surgeons.—*Medical Times and Dublin Medical Press.*

Weights and Measures in England.

Some of our English friends have a strong hankering after a decimal system of weights and measures. A Committee of Parliament has for some time been engaged in making "a full investigation of the regulations of different countries, as well as the requirements of our own country, [Great Britain,] and have arrived at the conclusion that a universal system should prevail among commercial nations, and that the French Metrical System was the best suited for general adoption." A bill is now before Parliament designed to carry out the recommendation of the Committee, which bill is printed in *extenso* in the June number of the Pharmaceutical Journal, just received. This bill makes all the measures dependent upon the metre, which it calls the "new yard" (39.37079 inches) or unit of length measure. The unit of surface measure is the square metre. The unit of measure of capacity is the litre or new quart (a cube of the one-tenth of the new yard.)

The unit of weight is the weight of a *new quart* or litre of distilled water, to be called a "kilogram," the half of which is to be the new pound. The one-thousandth of the kilogram will be called a "gram," which in decimal parts and multiples, "shall be used for weighing bullion and precious stones, and for the purposes of pharmacy."

The bill makes the use of these measures legal,

three months after it becomes a law; and at the expiration of three years from that time, it shall be illegal to use any other weights or measures within the realm of Great Britain. The subject may now be considered to be open to the British public. The characteristic deliberation with which great changes are effected in England, will give ample time for the people to consider the matter, yet it is not probable that one in ten thousand of the population will understand the merits of the bill or appreciate the amount of disturbance it will create in commercial transactions. With a just appreciation of the advantages of the decimal system in regard to multiples of the units, we yet believe the duodecimal or sexdecimal system to be far more convenient in practice, and that should the decimal system be adopted in England, it will be virtually annulled in practice, as regards the decimal fractions, by the retention of the custom of halves, quarters, eighths and sixteenths of the kilogram, using them in lieu of the present fractions of the avoirdupois pound,—in fact, the bill foreshadows this in its 5th clause, which says, "For the more convenient subdivision of weights and measures, it shall be lawful to use the double and the half of all the said units, and their principal decimal divisions and multiples, *as well as any other subordinate divisions* which the Committee of the privy council for trade *may deem expedient.*"—*American Journal of Pharmacy.*

The Military Hospital

at Sixty-fifth and Vine streets, under the charge of Dr. Levis, which has been devoted to the treatment of deformities of joints from gun-shot wounds, having a number of vacant beds, is ordered to receive wounded officers from the recent battles.

Diphtheria.

Diphtheria is raging at a fearful rate in Western Illinois. In the town of Moline, over one hundred children have died from its effects. Parents in a panic have shut their children into the house to keep them clear of it, but it was observed that those who were housed were the victims soonest, while those that "roughed it" out of doors invariably escaped.

ANSWERS TO CORRESPONDENTS.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.*

Dr. G. W. C., Michigan.—Your instruments were forwarded by Howard & Co.'s Express, on the 15th, securely packed in a wooden box.

Dr. B. Hesse, Mich.—Your tonsillotome was forwarded by Howard & Co.'s Express, on the 13th inst.

Dr. A. E. S., Wis.—Mott's Surgical Clinics has been forwarded by mail.

The price of Errichsen's Surgery is now $5.

Dr. E. S. Sharp, N. J.—Gross' Surgery—two volumes was forwarded by West Jersey Express, on the 16th inst.

Dr. O. L., Pa.—Dr. W. M. King is Surgeon-General of Pennsylvania. His address is Harrisburg. He will inform you when the next Board of Examiners meets.

MARRIED.

Cheston—Law.—On Tuesday evening, the 7th inst., by the Rev. George W. Musgrave, D. D., LL. D., Dr. Elijah Cheston, Assistant Surgeon, U. S. A., and Miss C. Louisa, daughter of Smith Law, Esq., of this city.

Norris—Tupper.—Married at Hardwick, Mass., on the 14th of July, by the Rev. M. Tupper, Dr. J. C. Norris, of Leipsic, Del., and Miss Emily P., daughter of the officiating clergyman. (No cards.)

Mitchell—Rose.—On Thursday, June 11th, at the residence of the bride's father, by Rev. Dr. Mitchell, of New York, John J. Mitchell, M.D., of New York, and Philena B., daughter of Norman Rose, Esq., of Schuyler Lake, N. Y.

Whitney—Murdock.—On Wednesday evening, June 24, at the residence of the bride's father, by Rev. S. S. Barter, assisted by Rev. Geo. W. Whitney, W. W. Whitney, M.D., and Miss Angie, daughter of Samuel Murdock, Esq., all of Union, N. Y.

DIED.

Chase.—In Mt. Vernon, Me., July 8th, Dr. S. W. Chase, aged 53 years.

De Camp.—In Watervliet Arsenal, West Troy, N. Y., on Wednesday, July 15, Caroline L., the beloved wife of Dr. S. G. J. De Camp, U. S. Army, and daughter of the late Judge Hitchcock, of Mobile, Ala.

Furber.—On the 4th of July, at Bunker Hill, Ill., Charlie, infant son of Dr. J. L. and Fannie H. Furber, aged five months, twenty-six days.

Holmes.—Dr F. S. Holmes, of Foxcroft, Me., Surgeon of the 6th Maine, died in hospital a few days since, of diphtheria.

Levis.—In this city, on the 15th inst., Anna, oldest child of Dr. Richard J. and Henrietta R. Levis, aged 7 years.

METEOROLOGY.

July	6,	7,	8,	9,	10,	11,	12.
Wind	S.	S. E.	S.	S. E.	N. E.	S. E.	S. E.
Weather	Cl'dy.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Cl'dy.
Depth Rain			2 5-10	1-10			
Thermometer							
Minimum	67°	65°	69°	60°	68°	65°	69°
At 8 A. M.	71	70	74	73	70	78	80
At 12 M.	72	78	74	80	73	81	84
At 3 P. M.	73	81	74	80	75	85	83
Mean	71	73.5	72.7	73.2	71.5	77.2	79
Barometer.							
At 12 M.	30.1	30.1	29.9	29.8	29.8	30	30.1

Germantown, Pa. B. J. Leedom.

VITAL STATISTICS.	Philadelphia. Week ending July 11.	New York. Week ending July 6.	Baltimore. Week ending July 6.	Boston. Week ending July 4.	Providence. Month of June.
Population in 1860..	565,529	805,651	212,418	177,812	50,666
Mortality.					
Male	159	212	56	43	30
Female	145	184	57	34	27
Adults	112	174	37	...	37
Under 15 years	186	216	74	...	30
Under 2 years	138	141	52	...	16
Total	304	396	113	77	57
Deaths in 100,000	53.75	49.15	53.2	43.30	110.52
American	234	255	...	48	44
Foreign	48	141	...	9	13
Negro	3	10	11	...	1
Zymotic Diseases.					
Cholera, Asiatic	...	1	...	...	...
Cholera Infantum	35	16	14	2	1
Cholera Morbus	1	1	...	2	...
Croup	6	14	2	3	...
Diarrhœa	6	10	...	...	...
Diphtheria	5	12	2	1	2
Dysentery	4	2	5	1	1
Erysipelas	3	1	...	...	...
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	6	14	6	...	5
Fever, Typhoid	5	16	2	5	...
Fever, Typhus	1		...	...	...
Fever, Yellow	...	...	...	...	...
Hooping-cough	...	2	2	1	..
Influenza	...	...	...	...	...
Measles	3	5	5	...	1
Small Pox	4	1	1	...	...
Syphilis	...	...	...	...	...
Thrush	...	...	...	1	...
Sporadic Diseases					
Albuminuria	...	4	...	...	...
Apoplexy	3	5	...	2	1
Consumption	28	67	13	12	17
Convulsions	15	...	1	1	...
Dropsy	13	23	7	4	1
Gun-shot Wounds	3	...	...	...	...
Intemperance	3	2	1	...	...
Marasmus	14	24	...	1	...
Pleurisy	...	2	1	...	...
Pneumonia	...	...	...	6	4
Puerperal Fever	1	2	...	...	...
Scrofula	1	2	...	...	1
Violence and Acc'ts	17	30	4	6	...